

EXHIBIT 19



I understand and agree that I assume all risks associated with medical care provided under this paragraph, and I waive any claim that I might make against WTA Tour or Authorized Persons for any injury arising out of or relating to the provision of medical care, and I release WTA Tour and Authorized Persons from liability for any and all such injuries.

PLAYER

I, the undersigned Aldila Sutjiadi have read, understand, consent, and agree to be bound by the above Sections 1-4.

(Signature): [Signature] DATE: 9/2/2024

PARENT/LEGAL GUARDIAN (IF APPLICABLE)

I, the undersigned _____, as Parent/Legal Guardian of _____ (player), (i) represent and agree that I have read and fully understand the above Sections 1-5 and have explained to my minor child/ward the risks of participation, her responsibilities for adhering to the WTA Rules, TACP, and TADP, and that my child/ward understands the above Sections 1-5, and (ii) consent and agree on behalf of myself and my minor child/ward to be bound by the above Sections 1-5.

(Signature): _____ DATE: _____